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Image# 201507079000061736

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

FOIL SX FOIL	r Other Than An Aut	norized Committe	ee		Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
CHARLOTTE-MECKLENBUR	G HOSPITAL AUTHOR	ITY/CAROLINAS H	EALTHCAR	RE SYSTEM	EMPLOYEES FED PAC
ADDRESS (number and street)	ATTENTION: MARY ANN	ROUSE			
Check if different	1000 BLYTHE BOULEVAR	D 			
than previously reported. (ACC)	CHARLOTTE			NC L	28203-2861
2. FEC IDENTIFICATION NUM	BER ▼ CI	ГУ▲	5	STATE A	ZIP CODE ▲
C C00423871			N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			Jun 20 (M6) Jul 20 (M7)		20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)					
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12F		General (
October 15 Quarterly Report (Q3)	перит ил те.	Convention (120)	Special (123)
January 31 Year-End Report (YE)	Election	on on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election	on on	D D /	Y Y Y Y Y	in the State of
5. Covering Period 01	01 / 2015	through	M M M	30 /	2015
I certify that I have examined this	Report and to the best of	my knowledge and I	pelief it is tru	e, correct and	I complete.
Type or Print Name of Treasurer	Mary Ann Rouse				
Signature of Treasurer Mary An	nn Rouse	[Electronically	Filed] D	ate 07	/ D D / Y Y Y Y Y Y 2015
NOTE: Submission of false, erroneou	us, or incomplete informatio	n may subject the per	son signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		84294.70
	(b) Cash on Hand at Beginning of Reporting Period	84294.70	
	(c) Total Receipts (from Line 19)	41806.49	41806.49
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	126101.19	126101.19
7.	Total Disbursements (from Line 31)	-5000.00	-5000.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131101.19	131101.19
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ort Covering the Period: From: 01	01 2015 To:	06 30 2015	
I. Receipts	COLUMN B Calendar Year-to-Date		
	,		
•			
	30557 10	30557.10	
(i) Itemized (use Schedule A)	30307.10	3	
(ii) Unitemized	11198.42	11198.42	
Lines 11(a)(i) and (ii)▶	41755.52	41755.52	
	0.00	0.00	
(such as PACs)	0.00	0.00	
,			
Totals to Line 33, page 5)▶	41755.52	41755.52	
	0.00	0.00	
Il Loans Received	0.00	0.00	
	0.00	0.00	
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
· · · · · · · · · · · · · · · · · · ·		50.07	
· · · · · · · · · · · · · · · · · · ·	50.97	50.97	
·	0.00	0.00	
(ITOTH Schedule H3)	0.00	0.00	
) Levin Funds (from Schedule H5)	0.00	0.00	
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Disbursements COLUMN A Total This Period		
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	0.00	
(c) Total Operating Expenditures	7		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00	
Transfers to Affiliated/Other Party			
Contributions to	0.00	0.00	
Federal Candidates/Committees	0.00	0.00	
and Other Political Committees	0.00	0.00	
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	2.00		
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
-			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	-5000.00	-5000.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
		0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely	0.00	0.00	
With Federal Funds	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-5000.00	-5000.00	
Total Fodoral Dishuranments		, , , , , , , , , , , , , , , , , , , ,	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	-5000.00	-5000.00	
	7	7	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	41755.52	41755.52
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41755.52	41755.52
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s)				
for each category of the				
Detailed Summary Page				

				PAGE	6	OF	56
(chec	k only	one)					
X	11a	11b		11c	12		
	13	14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Dr. Susan R Andersen Mailing Address 1118 Setter Lane		Date of Receipt
City Concord	State Zip Code NC 28025	05 01 2015 Transaction ID : SA11AI.13264
FEC ID number of contributing federal political committee.	C 28025	Amount of Each Receipt this Period 41.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation PHYS Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
Primary	208.35	
Full Name (Last, First, Middle Initial) 3. Dr. Susan R Andersen Mailing Address 1118 Setter Lane		Date of Receipt
City Concord	State Zip Code NC 28025	06 01 2015 Transaction ID : SA11AI.13355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$41.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Pamela M Beckwith		Date of Receipt
Mailing Address 1709 Rosebank Lane	State Zip Code	01 30 2015
City Charlotte	NC 28226	Transaction ID : SA11AI.13008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 333.34	
SUBTOTAL of Receipts This Page (optional)	250.01
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for c	commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	ME OF COMMITTEE (In Full) IARLOTTE-MECKLENBURG HOSPIT	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
1 . Pa	Name (Last, First, Middle Initial) amela M Beckwith ling Address 1709 Rosebank Lane		Date of Receipt
FEC fede	arlotte C ID number of contributing eral political committee. The of Employer polinasHealthCareSystem eipt For: 2015 Primary General Other (specify)	State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼	02 27 2015 Transaction ID : SA11AI.13098 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
And the second s	Name (Last, First, Middle Initial) amela M Beckwith ling Address 1709 Rosebank Lane	State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M / 01 2015 Transaction ID : SA11AI.13189 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Cha FEC fede Nam	Name (Last, First, Middle Initial) amela M Beckwith ling Address 1709 Rosebank Lane arlotte C ID number of contributing eral political committee. The of Employer colinasHealthCareSystem eipt For: 2015 Primary General Other (specify) Other (specify)	State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M
SUBT	OTAL of Receipts This Page (optional)		500.01
TOTAL	L This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than usin	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	OSPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane		Date of Receipt
City Charlotte FEC ID number of contributing	State Zip Code NC 28226	Transaction ID : SA11AI.13368 Amount of Each Receipt this Period
federal political committee. Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	
Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road	State 7in Code	Date of Receipt O2 27 2015
City Mount Holly FEC ID number of contributing federal political committee.	State Zip Code NC 28120	Transaction ID : SA11AI.13106 Amount of Each Receipt this Period 83.34
Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road City	State Zip Code	Date of Receipt 04 01 2015 Transaction ID: SA11AI.13197
Mount Holly FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System	NC 28120 C Occupation ADMIN	Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
SUBTOTAL of Receipts This Page (options	al)	333.35
TOTAL This Period (last page this line nur	nber only)	

Use separate schedule(s) for each category of the **Detailed Summary Page**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 01 2015 City Zip Code State Transaction ID: SA11AI.13285 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 06 01 2015 City State Zip Code Transaction ID: SA11AI.13375 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Paul G Colavita Date of Receipt Mailing Address 2223 Croydon Rd #401 M = M 05 01 2015 City Zip Code State Transaction ID: SA11AI.13291 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 208.35 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)		
CHARLOTTE-MECKLENBURG HOSPITAL	. AUTHORITY/CAROLINAS HEALTHCARE	SYSTEM EMPLOYEES FED PA

/	CHARLOTTE-WECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHC	ARE STSTEW EWIPLUTEES FED PAC
١.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita		Date of Receipt
	Mailing Address 2223 Croydon Rd #401		06 01 <u>2015</u>
	City	State Zip Code	Transaction ID : SA11AI.13381
	Charlotte	NC 28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015	Aggregate Year-to-Date ▼	
	Primary Keneral	riggiogate rounte Date (
	Other (specify) ▼	250.02	
3.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz		Date of Receipt
	Mailing Address 1320 Fillmore Avenue #505		M = M / D = D / Y = Y = Y
			01 02 2015
	City	State Zip Code	Transaction ID : SA11AI.12906
	Charlotte	NC 28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	416.67
	Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
	CarolinasHealthCareSystem	ADMIN	
	Receipt For: 2015	Aggregate Year-to-Date ▼	
	Primary General	, igg. ogalo Toal to Date (
	Other (specify) ▼	416.67	
_	Full Name (Last, First, Middle Initial)		
).	Mr. Paul S Franz		Date of Receipt
	Mailing Address 1320 Fillmore Avenue #505		M = M / D = D / Y = Y = Y
	0.7	Olaha Zir Olaha	01 30 2015
	City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.13003
	Chanotte	20203	Amount of Each Receipt this Period
	FEC ID number of contributing	C	416.67
	federal political committee.		Parrell Darkeri's a \$440.07 weethly
	Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
	CarolinasHealthCareSystem	ADMIN	
	Receipt For: 2015	Aggregate Year-to-Date ▼	
	Primary X General	r gg. cgc . ca to _ a t	
	Other (specify) ▼	833.34	
s	UBTOTAL of Receipts This Page (optional)	.	875.01
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Use separate schedule(s) for each category of the **Detailed Summary Page**

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 2015 27 City Zip Code State Transaction ID: SA11AI.13093 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 1250.01 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 04 01 2015 City State Zip Code Transaction ID: SA11AI.13184 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1666.68 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 M M / 05 01 2015 City Zip Code State Transaction ID: SA11AI.13272 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 2083.35 1250.01 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the **Detailed Summary Page**

		LINE			:	PAGE	 12	OF	56
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 01 2015 City Zip Code State Transaction ID: SA11AI.13363 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 2500.02 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Greg A Gombar Date of Receipt Mailing Address 4625 Cotton Creek Drive 01 02 2015 City State Zip Code Transaction ID: SA11AI.12946 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 416.67 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Greg A Gombar Date of Receipt Mailing Address 4625 Cotton Creek Drive M M / 30 01 2015 City Zip Code State Transaction ID: SA11AI.13037 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 833.34 1250.01 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Mr. Greg A Gombar		Date of Receipt
Mailing Address 4625 Cotton Creek Drive		02 27 2015
City	State Zip Code	Transaction ID : SA11AI.13127
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary K General		
Other (specify) ▼	1250.01	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt
Mailing Address 4625 Cotton Creek Drive		04 01 2015
City	State Zip Code	Transaction ID : SA11AI.13218
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 1666.68	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt
Mailing Address 4625 Cotton Creek Drive		05 01 2015
City	State Zip Code	Transaction ID : SA11AI.13306
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2083.35	
SUBTOTAL of Receipts This Page (optional)		1250.01
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek Drive		Date of Receipt
		06 01 2015
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.13396
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
Carolinas HealthCare System Receipt For: 2015	ADMIN	-
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02	
Full Name (Last, First, Middle Initial) 3. Dr. Mary N Hall		Date of Receipt
Mailing Address 1040 Queens Road		01 30 2015
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.12991
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 333.34	
Full Name (Last, First, Middle Initial) Dr. Mary N Hall		Date of Receipt
Mailing Address 1040 Queens Road		02 27 2015
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.13081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.01	
SUBTOTAL of Receipts This Page (optional)		750.01
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the **Detailed Summary Page**

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) A. Dr. Mary N Hall Date of Receipt Mailing Address 1040 Queens Road 04 01 2015 City Zip Code State Transaction ID: SA11AI.13173 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 666.68 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mary N Hall Date of Receipt Mailing Address 1040 Queens Road 05 01 2015 City State Zip Code Transaction ID: SA11AI.13262 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 833.35 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Mary N Hall Date of Receipt Mailing Address 1040 Queens Road M = M 06 01 2015 City Zip Code State Transaction ID: SA11AI.13353 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.02 500.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Sara J Herron		Date of Receipt
Mailing Address 9422 Briarwick Lane		01 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.13068
Charlotte F50 ID and the state of a satisfaction	NC 28277-1673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$125 monthly
Receipt For: 2015 Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	7	
3. Sara J Herron		Date of Receipt
Mailing Address 9422 Briarwick Lane		02 27 2015
City	State Zip Code	Transaction ID : SA11AI.13158
Charlotte	NC 28277-1673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System Receipt For: 2015	ADMIN	4
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Sara J Herron		Date of Receipt
Mailing Address 9422 Briarwick Lane		04 01 2015
City Charlotte	State Zip Code NC 28277-1673	Transaction ID : SA11AI.13249 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	ADMIN]
Receipt For: 2015 Primary X General	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line numb	er only)	

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CHARLOTTE-MECKLENBURG HOSE	ITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Sara J Herron Mailing Address 9422 Briarwick Lane City Charlotte	State Zip Code NC 28277-1673	Date of Receipt 05 01 2015 Transaction ID: SA11AI.13337
FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	C Occupation ADMIN Aggregate Year-to-Date ▼ 625.00	Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
Full Name (Last, First, Middle Initial) Sara J Herron Mailing Address 9422 Briarwick Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28277-1673 C Occupation ADMIN Aggregate Year-to-Date ▼ 750.00	Date of Receipt 06 01 2015 Transaction ID: SA11AI.13427 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer Mailing Address 215 Hillside Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28209 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt O1 30 2015 Transaction ID: SA11AI.13020 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		375.00

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer Date of Receipt Mailing Address 215 Hillside Avenue 2015 27 City Zip Code State Transaction ID: SA11AI.13110 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Christopher R Hummer Date of Receipt Mailing Address 215 Hillside Avenue 04 01 2015 City State Zip Code Transaction ID: SA11AI.13201 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Christopher R Hummer Date of Receipt Mailing Address 215 Hillside Avenue M = M 05 01 2015 City Zip Code State Transaction ID: SA11AI.13289 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 625.00 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer Mailing Address 215 Hillside Avenue		Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary ☐ General Other (specify) ▼	State Zip Code NC 28209 C Occupation ADMIN Aggregate Year-to-Date ▼ 750.00	Transaction ID : SA11AI.13379 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 2701 Rothwood Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28211 C Occupation ADMIN Aggregate Year-to-Date ▼ 333,34	Date of Receipt 01 30 2015 Transaction ID: SA11AI.13027 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 2701 Rothwood Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify) General Other (specify)	State Zip Code NC 28211 C Occupation ADMIN Aggregate Year-to-Date ▼ 500.01	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	458.34
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to the name and address of address of any political committee to the name and address of any political committ	to solicit contributions from such committee.
Other (specify) ▼ Full Name (Last, First, Middle Initial)	666.68	
Mailing Address 2701 Rothwood Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	State Zip Code NC 28211 C Occupation	Date of Receipt Date of Receipt
Receipt For: 2015 Primary General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 833.35	_
Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 2701 Rothwood Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NC 28211 C Occupation	Date of Receipt 06 01 2015 Transaction ID: SA11AI.13386 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify)	ADMIN Aggregate Year-to-Date ▼ 1000.02	
SUBTOTAL of Receipts This Page (optional)		500.01
TOTAL This Period (last page this line numb	per only)	

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CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

/ SHARLOTTE MILCREENBORGTIC	OF THE AUTHORIT HOAROLINAS HEALTH	CARE GIGIEM EMI LOTELOTEDI AC
Full Name (Last, First, Middle Initial) 1. Jon M Joffe		Date of Receipt
Mailing Address 815 Capington Lane		05 01 2015
City	State Zip Code	Transaction ID : SA11AI.13334
Marvin	NC 28173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	Payroll Deduction \$50 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Jon M Joffe		Date of Receipt
Mailing Address 815 Capington Lane		06 01 2015
City	State Zip Code	Transaction ID : SA11AI.13424
Marvin	NC 28173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$50 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		05 01 2015
City	State Zip Code	Transaction ID : SA11AI.13305
Rutherfordton	NC 28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	208.35	
SUBTOTAL of Receipts This Page (optional	ıl) >	141.67
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC					
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson		Date of Receipt					
Mailing Address 445 Forest Hill Circle		06 01 2015					
City	State Zip Code	Transaction ID : SA11AI.13395					
Rutherfordton	NC 28139	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	41.67					
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly					
CarolinasHealthCareSystem	ADMIN						
Receipt For: 2015	Aggregate Year-to-Date ▼						
Primary X General	Aggregate real-to-bate •						
Other (specify) ▼	250.02						
Full Name (Last, First, Middle Initial) 3. Scott Kerr		Date of Receipt					
Mailing Address 721 Governor Morrison St #4	148	06 01 2015					
City	State Zip Code	Transaction ID : SA11AI.13418					
Charlotte	NC 28211	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	40.00					
Name of Employer	Occupation	Payroll Deduction \$40 monthly					
Carolinas HealthCare System	Administrator						
Receipt For: 2015	Aggregate Year-to-Date ▼						
Primary General	19319						
Other (specify) ▼	240.00						
Full Name (Last, First, Middle Initial) Collin H Lane		Date of Receipt					
Mailing Address 2040 Hastings Drive		05 01 2015					
City	State Zip Code	Transaction ID : SA11AI.13288					
Charlotte	NC 28207	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	41.67					
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly					
CarolinasHealthCareSystem	ADMIN						
Receipt For: 2015	Aggregate Year-to-Date ▼						
Primary General	1.55.55215 152.15 2410 7						
Other (specify) ▼	208.35						
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Collin H Lane Date of Receipt Mailing Address 2040 Hastings Drive 01 2015 City Zip Code State Transaction ID: SA11AI.13378 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank S Letherby Date of Receipt Mailing Address 9438 White Hemlock Lane 02 27 2015 City State Zip Code Transaction ID: SA11AI.13159 Charlotte NC 28270 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank S Letherby Date of Receipt Mailing Address 9438 White Hemlock Lane M = M 04 01 2015 City Zip Code State Transaction ID: SA11AI.13250 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 333.36 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)	e name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 9438 White Hemlock Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date ▼ 416.70	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 9438 White Hemlock Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date ▼ 500.04	Date of Receipt 06 01 2015 Transaction ID : SA11AI.13428 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen Lane City Huntersville FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28078 C Occupation ADMIN Aggregate Year-to-Date ▼ 333.34	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	333.35

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address, 9306 Coppes Glep Lane		Date of Receipt
Mailing Address 9306 Copans Glen Lane		02 27 2015 _
City	State Zip Code	Transaction ID : SA11AI.13157
Huntersville	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen Lane		Date of Receipt M M M / D D / Y B Y B Y B Y B Y B Y B Y B Y B Y B Y
City	State Zip Code	04 01 2015 Transaction ID : SA11Al.13248
Huntersville	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly		Date of Receipt
Mailing Address 9306 Copans Glen Lane		05 01 2015
City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.13336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	833.35	
SUBTOTAL of Receipts This Page (optional)	_	500.01
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly		Date of Receipt
Mailing Address 9306 Copans Glen Lane		06 01 2015
City	State Zip Code	Transaction ID : SA11AI.13426
Huntersville	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary K General	00 0	
Other (specify) ▼	1000.02	
Full Name (Last, First, Middle Initial) Carol A Lovin		Date of Receipt
Mailing Address 7023 Conservatory Lane		01 02 2015
City	State Zip Code	Transaction ID : SA11AI.12965
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Carol A Lovin		Date of Receipt
Mailing Address 7023 Conservatory Lane		01 30 2015
City	State Zip Code	Transaction ID : SA11AI.13055
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		666.67
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC						
Full Name (Last, First, Middle Initial) Carol A Lovin Mailing Address 7023 Conservatory Lane		Date of Receipt 02 27 2015						
City Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.13145 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation ADMIN	250.00 Payroll Deduction \$250 monthly						
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00							
Full Name (Last, First, Middle Initial) Carol A Lovin Mailing Address 7023 Conservatory Lane		Date of Receipt						
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28210	04 01 2015 Transaction ID: SA11AI.13236 Amount of Each Receipt this Period 250.00						
Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation ADMIN	Payroll Deduction \$250 monthly						
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) Carol A Lovin Mailing Address 7023 Conservatory Lane		Date of Receipt 05 01 2015						
City Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.13324 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 1250.00	Payroll Deduction \$250 monthly						
SUBTOTAL of Receipts This Page (optional)	>	750.00						

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC				
Full Name (Last, First, Middle Initial) Carol A Lovin Mailing Address 7023 Conservatory Lane		Date of Receipt				
City	State Zip Code	06 01 2015				
Charlotte	NC 28210	Transaction ID : SA11AI.13414 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$250 monthly				
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) Frieda M Lowder Mailing Address PO Box 5685		Date of Receipt 02 27 2015				
City Concord	State Zip Code NC 28027	02 27 2015 Transaction ID : SA11AI.13165 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.34				
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly				
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02					
Full Name (Last, First, Middle Initial) Frieda M Lowder		Date of Receipt				
Mailing Address PO Box 5685		04 01 2015				
City Concord	State Zip Code NC 28027	Transaction ID : SA11AI.13256 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.34				
Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 333.36	Payroll Deduction \$83.34 monthly				
SUBTOTAL of Receipts This Page (optional)	•	416.68				
TOTAL This Period (last page this line number	r only)					

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 01 2015 City Zip Code State Transaction ID: SA11AI.13344 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 06 01 2015 City State Zip Code Transaction ID: SA11AI.13434 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Martha Ann B McConnell Date of Receipt Mailing Address 3617 Charolais Lane 02 01 2015 City State Zip Code Transaction ID: SA11AI.12939 NC Harrisburg 28075 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 С federal political committee. Payroll Deduction \$1500 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1500.00 1666.68 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Mr. F Del Murphy		Date of Receipt
Mailing Address 2824 Winding Oak Drive		05 01 2015
City	State Zip Code NC 28270	Transaction ID : SA11AI.13311
Charlotte EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2015	Aggregate Year-to-Date ▼	-
Primary	208.35	
Full Name (Last, First, Middle Initial) Mr. F Del Murphy		Date of Receipt
Mailing Address 2824 Winding Oak Drive		06 01 2015
City	State Zip Code	Transaction ID : SA11AI.13401
Charlotte EEC ID number of contributing	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem Receipt For: 2015	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Place		01 30 _2015 _
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.13047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	Payroll Deduction \$200 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015 Primary X General	Aggregate Year-to-Date ▼	
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optional)	>	283.34
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston Place		Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) ▼	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼ 600.00	Transaction ID : SA11AI.13137 Amount of Each Receipt this Period 200.00 Payroll Deduction \$200 monthly
Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼ 800.00	Date of Receipt 04 01 2015 Transaction ID: SA11AI.13228 Amount of Each Receipt this Period 200.00 Payroll Deduction \$200 monthly
Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	600.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Seneral Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 06 01 2015 Transaction ID: SA11AI.13406 Amount of Each Receipt this Period 200.00 Payroll Deduction \$200 monthly
Full Name (Last, First, Middle Initial) Mr. Dennis Phillips Mailing Address 1252 Dilworth Cres Row City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify) General Other (specify)	State Zip Code NC 28203 C Occupation Administrator Aggregate Year-to-Date ▼ 250.02	Date of Receipt Mark 27
Full Name (Last, First, Middle Initial) Mr. Dennis Phillips Mailing Address 1252 Dilworth Cres Row City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28203 C Occupation Administrator Aggregate Year-to-Date ▼ 333.36	Date of Receipt M M M / D D / 2015 Transaction ID : SA11AI.13182 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
SUBTOTAL of Receipts This Page (optional)	<u> </u>	366.68

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Dennis Phillips Mailing Address 1252 Dilworth Cres Row		Date of Receipt
		05 01 2015
City	State Zip Code NC 28203	Transaction ID : SA11AI.13270
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015 Primary General Other (specify) ■	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) 3. Mr. Dennis Phillips		Date of Receipt
Mailing Address 1252 Dilworth Cres Row		M M / D D / Y Y Y Y
City	State Zip Code	06 01 2015 Transaction ID : SA11AI.13361
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	500.04	
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		01 02 2015
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.12921 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	Payroll Deduction \$400 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	>	566.68

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Avenue		Date of Receipt
City	State Zip Code	01 30 2015 Transaction ID : SA11AI.13015
Charlotte FEC ID number of contributing	NC 28207	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	400.00 Payroll Deduction \$400 monthly
Carolinas HealthCare System Receipt For: 2015	ADMIN	
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Avenue		Date of Receipt
City Charlotte	State Zip Code NC 28207	02 27 2015 Transaction ID : SA11AI.13105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$400 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		04 01 2015
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.13196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$400 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	r only)	7 1 7

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28207 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 05 01 2015 Transaction ID: SA11AI.13284 Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify) General Other (specify)	State Zip Code NC 28210 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt O1
Full Name (Last, First, Middle Initial) C. Debra Plousha Moore Mailing Address 6935 Conservatory Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify)	State Zip Code NC 28210 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 01 30 2015 Transaction ID: SA11AI.13054 Amount of Each Receipt this Period 333.34 Payroll Deduction \$333.34 monthly
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1066.68

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	e name and address of any political committee to					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC				
Full Name (Last, First, Middle Initial) 1. Debra Plousha Moore	Date of Receipt 02 27 2015					
Mailing Address 6935 Conservatory Lane						
City	State Zip Code	Transaction ID : SA11AI.13144				
Charlotte	NC 28210	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	333.34				
Name of Employer	Occupation	Payroll Deduction \$333.34 monthly				
Carolinas HealthCare System	ADMIN					
Receipt For: 2015	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1000.02					
Full Name (Last, First, Middle Initial) 3. Debra Plousha Moore						
Mailing Address 6935 Conservatory Lane		04 01 2015				
City	State Zip Code	Transaction ID : SA11AI.13235				
Charlotte	NC 28210	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	333.34				
Name of Employer	Occupation	Payroll Deduction \$333.34 monthly				
Carolinas HealthCare System	ADMIN					
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 1333.36					
Full Name (Last, First, Middle Initial) Debra Plousha Moore		Date of Receipt				
Mailing Address 6935 Conservatory Lane		05 01 2015				
City	State Zip Code	Transaction ID : SA11AI.13323				
Charlotte	NC 28210	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	333.34				
Name of Employer	Occupation	Payroll Deduction \$333.34 monthly				
Carolinas HealthCare System	ADMIN					
Receipt For: 2015						
Primary General						
Other (specify) ▼	1666.70					
SUBTOTAL of Receipts This Page (optional)	•	1000.02				
TOTAL This Period (last page this line number	only)					

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Debra Plousha Moore Date of Receipt Mailing Address 6935 Conservatory Lane 01 2015 City Zip Code State Transaction ID: SA11AI.13413 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing C 333.34 federal political committee. Payroll Deduction \$333.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 2000.04 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave 01 02 2015 City State Zip Code Transaction ID: SA11AI.12893 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave M M / 30 01 2015 City Zip Code State Transaction ID: SA11AI.12992 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 500.00 833.34 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave		Date of Receipt
		02 27 2015
City	State Zip Code	Transaction ID : SA11AI.13082
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary ★ General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		04 01 _2015 _
City	State Zip Code	Transaction ID : SA11AI.13174
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN]
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		05 01 2015
City	State Zip Code	Transaction ID : SA11AI.13263
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	1250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave 01 2015 City Zip Code State Transaction ID: SA11AI.13354 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Wanda Robinson Date of Receipt Mailing Address 233 Altondale Avenue 03 12 2015 City State Zip Code Transaction ID: SA11AI.13168 Charlotte NC 28207 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Live Check Contribution Name of Employer Occupation Carolinas HealthCare System **PHYS** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop M = M 05 01 2015 City State Zip Code Transaction ID: SA11AI.13317 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 208.35 1291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Kenneth A Shull Mailing Address 60 Greenstoke Loop		Date of Receipt
City Tryon	State Zip Code NC 28782	06 01 2015 Transaction ID : SA11AI.13407 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) 3. James Michael Stevenson Mailing Address 1711 Mission Road		Date of Receipt 02 27 2015
City Murphy	State Zip Code NC 28906	Transaction ID : SA11AI.13099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road City	State Zip Code	04 01 2015
Murphy	NC 28906	Transaction ID : SA11AI.13190 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
SUBTOTAL of Receipts This Page (optional)	208.35
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NC 28906	Transaction ID : SA11AI.13278
Murphy	110 20900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	_
Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial) 3. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		06 01 2015
City	State Zip Code	Transaction ID : SA11AI.13369
Murphy	NC 28906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	500.04	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		01 02 2015
City	State Zip Code	Transaction ID : SA11AI.12907
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	416.67	
SUBTOTAL of Receipts This Page (optional).	•	583.35
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Date of Receipt Mailing Address 1414 Biltmore Drive 30 2015 City Zip Code State Transaction ID: SA11AI.13004 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 833.34 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael C Tarwater Date of Receipt Mailing Address 1414 Biltmore Drive 02 27 2015 City State Zip Code Transaction ID: SA11AI.13094 Charlotte NC 28207 Amount of Each Receipt this Period FEC ID number of contributing 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1250.01 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael C Tarwater Date of Receipt Mailing Address 1414 Biltmore Drive M = M 04 01 2015 City Zip Code State Transaction ID: SA11AI.13185 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1666.68 1250.01 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive City Charlotte	State Zip Code NC 28207	Date of Receipt 05 01 2015 Transaction ID: SA11AI.13273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 2083.35	416.67 Payroll Deduction \$416.67 monthly
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive City	State Zip Code	Date of Receipt 06 01 2015 Transaction ID : SA11AI.13364
Charlotte FEC ID number of contributing federal political committee. Name of Employer	NC 28207 C Occupation	Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 2500.02	_
Full Name (Last, First, Middle Initial) James Taylor Mailing Address 6209 Pembury Lane City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28210	Date of Receipt M
Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 208.35	, see a second s
SUBTOTAL of Receipts This Page (optional).		875.01
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) James Taylor Date of Receipt Mailing Address 6209 Pembury Lane 01 2015 City Zip Code State Transaction ID: SA11AI.13410 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Joan Thomas Date of Receipt Mailing Address 230 Summermore Drive 01 30 2015 City State Zip Code Transaction ID: SA11AI.13024 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Joan Thomas Date of Receipt Mailing Address 230 Summermore Drive M = M 02 27 2015 City Zip Code State Transaction ID: SA11AI.13114 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 375.00 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Joan Thomas		Date of Receipt
Mailing Address 230 Summermore Drive		04 01 2015
City	State Zip Code	Transaction ID : SA11AI.13205
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	500.00	
Full Name (Last, First, Middle Initial) 3. Joan Thomas		Date of Receipt
Mailing Address 230 Summermore Drive		M M / D D / Y Y Y Y
ag / tea. eee 250 Summermore Drive		05 01 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.13293
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015	Aggregate Year-to-Date ▼	-
Primary General	riggrogato roar to bato v	
Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Joan Thomas		Date of Receipt
Mailing Address 230 Summermore Drive		06 01 2015
City	State Zip Code	Transaction ID : SA11AI.13383
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line number	r only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify) General Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼ 333.34	Date of Receipt 101 30 2015 Transaction ID: SA11Al.13070 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System	State Zip Code NC 28277 C Occupation ADMIN	Date of Receipt 02 27 2015 Transaction ID: SA11AI.13160 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 04 01 2015 Transaction ID : SA11AI.13251 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
SUBTOTAL of Receipts This Page (optional)		500.01
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge Drive City Charlotte	State Zip Code NC 28277	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	C Occupation ADMIN Aggregate Year-to-Date ▼ 833.35	Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼ 1000.02	Date of Receipt Mo 2015 Transaction ID: SA11AI.13429 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
Full Name (Last, First, Middle Initial) Mr. Daniel L Wiens Mailing Address 1140 Milton Hall Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 01 30 2015 Transaction ID: SA11AI.12996 Amount of Each Receipt this Period 500.00 Payroll Deduction \$500 monthly
SUBTOTAL of Receipts This Page (optional)	>	833.34
TOTAL This Period (last page this line number	r only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Mr. Robert H Wiggins		Date of Receipt
Mailing Address 6417 Seton House Lane		02 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.13143
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins		Date of Receipt
Mailing Address 6417 Seton House Lane	04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.13234
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins		Date of Receipt
Mailing Address 6417 Seton House Lane		05 01 2015
City	State Zip Code	Transaction ID : SA11AI.13322
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary ⊠ General Other (specify) ▼	416.70	
SUBTOTAL of Receipts This Page (optional)	>	250.02
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins Date of Receipt Mailing Address 6417 Seton House Lane 01 2015 City Zip Code State Transaction ID: SA11AI.13412 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Ann Wilcox Date of Receipt Mailing Address 5314 Wingedfoot Road 01 30 2015 City State Zip Code Transaction ID: SA11AI.13043 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mary Ann Wilcox Date of Receipt Mailing Address 5314 Wingedfoot Road M = M 02 27 2015 City Zip Code State Transaction ID: SA11AI.13133 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 375.00 333.34 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	Solicit contributions from such committee. CARE SYSTEM EMPLOYEES FED PAGE
Full Name (Last, First, Middle Initial) Mary Ann Wilcox Mailing Address 5314 Wingedfoot Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify)	State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 04 01 2015 Transaction ID: SA11AI.13224 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
Full Name (Last, First, Middle Initial) Mary Ann Wilcox Mailing Address 5314 Wingedfoot Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼ 625.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mary Ann Wilcox Mailing Address 5314 Wingedfoot Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify)	State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 06 01 2015 Transaction ID: SA11AI.13402 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
SUBTOTAL of Receipts This Page (optional)	>	375.00

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSF	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kannapolis	State Zip Code NC 28081	Transaction ID : SA11AI.13049 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road City	State Zip Code	02 27 2015
Kannapolis	NC 28081	Transaction ID : SA11AI.13139 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) C. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		04 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kannapolis	State Zip Code NC 28081	Transaction ID : SA11AI.13230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 666.68	
SUBTOTAL of Receipts This Page (optional)		500.01
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate Mailing Address 6005 Willowood Road		Date of Receipt
City Kannapolis FEC ID number of contributing	State Zip Code NC 28081	05 01 2015 Transaction ID : SA11AI.13318 Amount of Each Receipt this Period 166.67
federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ✓	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate Mailing Address 6005 Willowood Road City Kannapolis FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify) Other (specify)	State Zip Code NC 28081 C Occupation ADMIN Aggregate Year-to-Date ▼ 1000.02	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. John E Young Mailing Address 809 E. King Street City Kings Mountain FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify) General	State Zip Code NC 28086 C Occupation ADMIN Aggregate Year-to-Date ▼ 250.02	Date of Receipt M M M / D P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	>	416.68
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	1 1 7		
\	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
۱.	Full Name (Last, First, Middle Initial) Mr. John E Young Mailing Address 809 E. King Street	Choko Zin Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Kings Mountain	State Zip Code NC 28086	Transaction ID : SA11AI.13245 Amount of Each Receipt this Period
- F f (FEC ID number of contributing dederal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation ADMIN Aggregate Year-to-Date ▼	83.34 Payroll Deduction \$83.34 monthly
	Primary	333.36	
3.	Full Name (Last, First, Middle Initial) Mr. John E Young Mailing Address 809 E. King Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(City	State Zip Code	Transaction ID : SA11AI.13333
_	Kings Mountain	NC 28086	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Ē	Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
	Full Name (Last, First, Middle Initial) Mr. John E Young		Date of Receipt
_	Mailing Address 809 E. King Street	_	06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Kings Mountain	State Zip Code NC 28086	Transaction ID : SA11AI.13423 Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	83.34
	Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
	CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 500.04	
su	JBTOTAL of Receipts This Page (optional)		250.02

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1015 Charlotte Ave #351		Date of Receipt
City Rock Hill	State Zip Code SC 29732	01 02 2015 Transaction ID : SA11AI.12890
FEC ID number of contributing federal political committee.	C 29/32	Amount of Each Receipt this Period 250.00
Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 250.00	Payroll Deduction \$250 monthly
Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1015 Charlotte Ave #351		Date of Receipt
City Rock Hill	State Zip Code SC 29732	01 30 2015 Transaction ID : SA11AI.12989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 Payroll Deduction \$250 monthly
Name of Employer Carolinas HealthCare System Receipt For: 2015	Administrator	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		02 27 2015
City Rock Hill	State Zip Code SC 29732	Transaction ID : SA11AI.13079 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 Payroll Deduction \$250 monthly
Name of Employer Carolinas HealthCare System Receipt For: 2015	Occupation Administrator	T dyron Beddellon \$250 monthly
Primary ∑ General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee the specific speci	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1015 Charlotte Ave #351 City Rock Hill FEC ID number of contributing	State Zip Code SC 29732	Date of Receipt O4 01 2015 Transaction ID : SA11AI.13171 Amount of Each Receipt this Period
federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 1000.00	Payroll Deduction \$250 monthly
Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1015 Charlotte Ave #351 City	State Zip Code	Date of Receipt 05 01 2015 Transaction ID: SA11AI.13260
Rock Hill FEC ID number of contributing federal political committee. Name of Employer	SC 29732 C Occupation	Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
Carolinas HealthCare System Receipt For: 2015 Primary ☐ General Other (specify) ▼	Administrator Aggregate Year-to-Date ▼ 1250.00	_
Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1015 Charlotte Ave #351	Chata Zin Cada	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Rock Hill FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code SC 29732 C Occupation Administrator Aggregate Year-to-Date ▼ 1500.00	Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line num	per only)	30557.10

ITEMITED DISCUSSES	lles semanata a de del	(a) FOR LINE	•
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Pag	e Constitution	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	•		
Full Name (Last, First, Middle Initial)			Data of Bishamana
A. Friends of Joe Sam Queen			Date of Disbursement
Mailing Address 71 Pigeon Street			05 12 2015
,	State Zip Code		Transaction ID : SB29.13440
Waynesville Purpose of Disbursement	NC 28786		11alisaction ib . 3b23.13440
stop payment		011	Amount of Each Disbursement this Period
Candidate Name		Category/	-2000.00
		Type	-2000.00
Office Sought: House Disburser Senate President	nent For: Primary Genera Other (specify)	ıl	
State: District:			
Full Name (Last, First, Middle Initial) B. Friends to Elect John Torbett			Date of Disbursement
Mailing Address 232 Louise Drive			05 12 2015
Stanley	State Zip Code NC 28164		Transaction ID : SB29.13441
Purpose of Disbursement stop payment		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	-2000.00
	nent For: Primary General Other (specify)	ı	
Full Name (Last, First, Middle Initial) C. Harvey Peeler			Date of Disbursement
			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Harvey Peeler Mailing Address PO Box 742 City Gaffney	State Zip Code SC 29342		M = M / D = D / Y = Y = Y
C. Harvey Peeler Mailing Address PO Box 742 City Gaffney Purpose of Disbursement	·	011	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Harvey Peeler Mailing Address PO Box 742 City Gaffney	·	011 Category/ Type	05 12 / Y Y Y Y Y Y
C. Harvey Peeler Mailing Address PO Box 742 City Gaffney Purpose of Disbursement stop payment	SC 29342	Category/ Type	Transaction ID: SB29.13442 Amount of Each Disbursement this Period
City Gaffney Purpose of Disbursement stop payment Candidate Name Office Sought: House Senate President Disburser	nent For: Primary Genera Other (specify)	Category/ Type	Transaction ID: SB29.13442 Amount of Each Disbursement this Period